

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 10 PM 1:18

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000030976**
1. Corporation Name
BrightSTAR INTERNATIONAL Group Inc
15751 Sheridan St # 206
SW Ranches Fl 33331

2. Principal Office Address - No P.O. Box # 15751 Sheridan St		3. Mailing Office Address 15751 Sheridan St.	
Suite, Apt. #, etc. # 206		Suite, Apt. #, etc. # 206	
City & State SW Ranches Fl		City & State SW Ranches Fl	
Zip 33331	Country USA	Zip 33331	Country USA

REINSTATEMENT 05-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
35-230 7244
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ISARA GINESTA PALOMINO
Street Address (P.O. Box Number is Not Acceptable)
15751 Sheridan St. #
Suite, Apt. #, Etc.
206
City
SW Ranches
State
FL
Zip Code
33331

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent **[Signature]** Date **9-7-07**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ISARA G. PALOMINO	15751 Sheridan St #206	SW Ranches Fl 33331
T.S.	JOANNA MORROW	15751 Sheridan St #206	SW Ranches Fl 33331

500109270075
09/10/07--01041--023 **450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **[Signature]** Date **9-7-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #